

Please return at Parent Packet Pickup or first day of school.

Emergency Contact Information – Saint Eugene School 2011-12

One per family

Last Name _____ **Address** _____

First Name _____ Grade _____ Allergies/other _____

First Name _____ Grade _____ Allergies/other _____

First Name _____ Grade _____ Allergies/other _____

First Name _____ Grade _____ Allergies/other _____

Mother/Guardian (name) _____

A) Home Phone _____

B) Work Phone _____

C) Cell Phone _____

D) Pager _____

Place of Employment _____

In case of emergency,

St. Eugene should call the phone numbers at left in what order?

(Example: B, F, O, A, G, etc.)

Order of calls: _____

Father/Guardian (name) _____

E) Home Phone _____

F) Work Phone _____

G) Cell Phone _____

H) Pager _____

Place of Employment _____

If we need to contact a parent about **non-emergency** school issues during the day, are there any numbers that we should not contact? (For example, list “B” if Mom should not receive calls at work.)

Do not call: _____

Step-parent (name) _____

I) Home Phone _____

J) Work Phone _____

K) Cell Phone _____

L) Pager _____

Emergency Contact

Name _____ Relationship _____

M) Home Phone _____ O) Cell Phone _____

N) Work Phone _____ P) Pager _____

Family Physician _____ Phone _____

Hospital or Urgent Care Preference _____ **City** _____

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of parent or guardian

Date